



Dog Name: _____

Shelter ID: _____

Application Date: _____

Dog Adoption Application

Adopting an animal is a long-term commitment. Please complete this form to assist us in determining whether the animal you would like is suitable for your home and lifestyle. When selecting an animal, it is important to bring your entire family.

All information collected on this application is kept confidential.

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1. Where do you learn about the KHS adoption program: _____
 2. Reason for adopting (please check) Playmate for child Pet/Companion Hunting Guard dog
 Other: Please Describe _____
 3. Who are you adopting for: Yourself Someone else (please indicate): _____
 4. Are you 18 year or older: Yes No Date of birth: _____
 5. Do you live in a: House Apartment Townhouse/Unit Condo → Do you Rent Own
 6. Please describe you backyard: Fenced Partially Fenced Not Fenced I do not have a backyard
 7. Where will your dog be housed: Inside Outside Both → Will the dog be chained: Yes No
 8. How many people live in your household: ____ Adults ____ Kids Please list children's ages: _____
 9. Are you a student: Yes No → What school do you attend: _____
 10. If you are a student, what will you do with your animal when done school: _____
 11. Do you have any pet currently: Yes No → Please listed quantity, species, age, sex: _____
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12. If you have pets currently, are their vaccines up to date: Yes No → Are they spayed/neutered Yes No
 13. If you do not have pets currently, have you had pets in the past Yes No
 14. If yes, what became of them: Gave away Died (How? Age, disease _____) Other: please indicate _____
 15. Were you the primary caregiver Yes No Other (ie: family pets) _____
 16. Have you lost a dog to an infectious disease in the last 6 months: No Yes please indicate: _____
 17. Have you surrendered/rehomed a pet to an OSPCA, Humane Society, Pound or Person in the last 6 months:
 No Yes if yes, please explain: _____
 18. Do you plane to take your dog to training classes and/or consult a trainer: Yes No I don't know
 19. For what reason would you consider giving up/rehoming your dog: _____
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20. Have you adopted from KHS before: Yes No
 21. Would you permit a home visit by one of our staff to ensure this is a good visit for the dog you wish to adopt:
 Yes No
 22. How often per year should your dog see a veterinarian: _____
 23. How much do you expect to spend per year on your dog, including but not limited to: food, vet costs, etc.....
 \$50-\$100 \$100-\$300 \$300-\$500 \$500-\$1000 >\$1000
 24. Is there anything else you would like us to know as we begin to process your application: _____
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-



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YOUR INFORMATION	REFERENCES
<i>By signing below, I certify that the information I have provided is true.</i>	Please authorize your veterinarian to release information to the KHS. If you do not have a veterinarian, please list two personal references.
Name (please print):	Reference #1: Veterinarian
Signature:	Name:
Address:	City: Tel:
City: Province:	Reference #2: Personal
Postal Code:	Name:
Telephone:	City: Tel:
Alt. telephone:	Reference #3: Employer
Email:	Name:
STAFF USE ONLY	City: Tel:
Application Received: Date: _____ Time: _____ Initial: _____	
1. Application: <input type="radio"/> Approved <input type="radio"/> Denied Initial: _____	
2. References: <input type="radio"/> Approved <input type="radio"/> Denied Initial: _____	
3. Check if applicant is in PP: <input type="radio"/> Notes on reverse	
4. Adoption approved? <input type="radio"/> Yes <input type="radio"/> No Initial _____	
5. Notification of approval/denial: Date: _____ Initial: _____	
	<i>The KHS reserves the right to refuse adoption to any individual. We will not release the reason for refusal.</i>

STAFF USE ONLY Additional Animals	STAFF USE ONLY Additional Animals
Name: _____ Shelter Number: _____	Name: _____ Shelter Number: _____
Application Received: Date: _____ Time: _____ Initial: _____	Application Received: Date: _____ Time: _____ Initial: _____
Adoption approved? <input type="radio"/> Yes <input type="radio"/> No Initial _____	Adoption approved? <input type="radio"/> Yes <input type="radio"/> No Initial _____

STAFF USE ONLY

Is this for preapproval? Yes / No

References

Veterinarian:

Personal #1:

Personal #2:

Pet Point Notes/Information:

Questions and/or Concerns:

Meet and greet required? Yes / No Date: _____ Approved: Yes / No

Notification of Approval/Denial

Attempt #1	Successful?	Yes / No	Left voicemail?	Yes / No	Date: _____
Attempt #2	Successful?	Yes / No	Left voicemail?	Yes / No	Date: _____

Adoption fee discussed: Yes / No Date: _____

Finalized adoption date: _____

Notes:
